CONFLICT OF INTEREST QUESTIONNAIRE

For vendor or other person doing business with local governmental entity

This questionnaire is being filed in accordance with chapter 176 of the Local Government Code by a person doing business with the governmental entity.

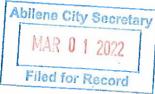
By law this questionnaire must be filed with the records administrator of the local government not later than the 7th business day after the date the person becomes aware of facts that require the statement to be filed. See Section 176.006, Local Government Code.

A person commits an offense if the person violates Section 176.006, Local Government Code. An offense under this section is a Class C misdemeanor.

| 1. Name of person doing business with local governmental entity. | Abilene City Se |
|--|-----------------|
| | Authene City Se |
| AA | MAN |

Hannah First Name M MI

Goking Last Name



2.

Check this box if you are filing an update to a previously filed questionnaire.

(The law requires that you file an updated completed questionnaire with the appropriate filing authority not later than September 1 of the year for which an activity described in Section 176.006(a), Local Government Code, is pending and not later than the 7th business day after the date the originally filed questionnaire becomes incomplete or inaccurate.)

3. Describe each affiliation or business relationship with an employee or contractor of the local governmental entity who makes recommendations to a local government officer of the local governmental entity with respect to expenditure of money.

NIA

^{4.} Describe each affiliation or business relationship with a person who is a local government officer and who appoints or employs a local government officer of the local governmental entity that is the subject of this questionnaire.

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FORM E-CIQ

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This section, item 5 including subparts A, B, C & D, must be completed for each officer with whom the filer has affiliation or business relationship.

| 5. Name of local this section only | _ | | | | | affilitati | on or bu | siness r | elationsl | hip. (Co | mplete |
|---|-----------------------|------------|--------------|--------------|----------|------------|------------|-----------|-----------|----------|--------|
| | and the second second | | | | a: | | | | | | |
| A. Is the local gor filer of the question | | | er named in | n this secti | on recei | ving or li | ikely to r | eceive ta | axable in | come fr | om the |
| |] Y | es | X | No | | | | | | | |
| B. Is the filer of the local government entity? | | | | | | | | | | | |
| | Y | es | X | No | | | | | | | |
| C. Is the filer of the government office | | | | | | | | | | | |
| |] Y | es | X | No | | | | | | | |
| D. Describe each | affiliat | ion or bu | isiness rela | ationship. | | | | | | | |
| | | | | | | | | | | | |
| 6. Describe any | other : | affiliatio | n or busir | ness relati | onship (| hat mig | ht cause | a confli | ct of int | erest. | |
| NIA | | | | | | | | | | | |
| | | | | | | | | | | | |

7. Signature

| I, Hannah M Gokingco | , hereby swear or affirm that I complet | ted the Form CIQ on 2/22/2022 |
|------------------------------------|---|--|
| disqualification to transact busin | is true and correct. A false statement or r |] and hereby represent that misrepresentation by me may result in future and may subject me to |
| Email Address: | (optional) | |